PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929

LOBBYIST REGISTRATION

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THIS SPACE FOR OFFICE USE FILED PDC

DEC 19 2016

1. Lobbyist Name		
Rob Makin Consulting		
Permanent Business Address		Business Telephone Numbers
1940 5th Avenue West		Permanent (206) 282.5700
		Temporary ()
City State	Zip	Cell Phone ()
Seattle WA	98119	or Pager
2. Temporary Thurston County address during legislative session		E-Mail Address rob@rgmakin.com
3. Employer's name and address (person or group for which you lobby) Philips Electronics North America ATTN: Jean Cantrell 1050 K Street NW, Suite 900		Employer's occupation, business or description of purpose of organization Manufacturer
Washington, DC 20005		Manuacturei
4.—Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)		E-Mail Address
Jean Cantrell		jean.cantrell@philips.com
5. What is your pay (compensation) for lobbying?	Description of employment (check one	or more boxes)
\$ <u>3,000</u> per <u>month</u>	☐ Full time employee	☐ Sole duty is lobbying
(hour, day, month, year) Other: Explain:	Part time or temporary employee	x Lobbying is only a part
Cuton Explain	x Contractor, retainer or similar agreeUnsalaried officer or member of gro	
Are you reimbursed for lobbying expenses? Explain which expenses.	Does employer pay any of your lobbying expenses directly?	
☐ Yes: \$ per	If yes, explain which ones.	
x Yes: I am reimbursed for expenses.		
No: I am not reimbursed for expenses. 7. How long do you expect to lobby for this organization?		
x Permanent lobbyist - Only during legislative session Other, Explain:		
8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups,		
associations, or organizations? If "yes," attach a list showing the name and address of each member or funder (excluding individuals) who has paid fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.		
x No Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450.		
Yes. The list is of parties attached 9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets		
to fund raising events? If so, list the name of that political action committee.		
x No ☐ Yes. Name of the committee is:		
10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)		
Rob Makin		
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:	Remarks:	
CODE SUBJECT CODE SUBJECT 01 ☐ Agriculture 09x Health Care		
02 x Business and consumer affairs 10 ☐ Higher education		
03 ☐ Constitutions and elections 11 ☐ Human services 04 ☐ Education 12 ☐ Labor		
05 x Energy and utilities 13 Law and justice 06 Environmental affairs - natural 14 x Local government		
resources - parks 15 x State government		
07 ☐ Financial institutions and 16 x Technology insurance 17 ☐ Transportation		
08 x Fiscal 18 ☐ Other - Specify:		
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement	EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.	
12. LOBBYIST'S SIGNATURE DATE	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE	
1/2/1 M/m/ - " / 1/2/1	Jen Certiell	12/3/16
1 Cot, 11/1810~ (2/18/16	Jean Cantrell: Vice President: St	ate & Local Government Relations